initiated STRs; 1,681 (47%) initiated MTRs. Median persistence (95% confidence interval) was 36.5 (31.3, 38.9) months on STRs and 13.2 (11.9, 15.0) months on MTRs (Difference 23.3; P<0.001).Within the subgroups persistent for the first 6 months, median persistence on MTRs was 26.1 (24.2, 28.3) and on STRs was 47.6 (41.2, 54.3) months. Limiting the MTR analysis to those patients who had persistence ≥ 6 months still fell short of the overall STR persistence (P<0.001). **CONCLUSIONS:** Patients receiving an STR regimen had significantly longer median persistence, by almost two years, compared to those receiving MTRs. Even those patients who persisted on an MTR for the first 6 months experienced shorter overall persistence than those receiving an STR.

PIN80

EVALUATING PATIENT PREFERENCES FOR HIV THERAPY: RESULTS FROM A DISCRETE CHOICE EXPERIMENT IN THE UK AND GERMANY

Murray M[1], Dang N[2], Gallop K[3], Golics CJ[3], de Freitas H[3], Lloyd AJ[3]
[1]*ViiV Healthcare, Brentford, UK,* [2]*ViiV Healthcare, Singapore, Singapore,* [3]*ICON Patient Reported Outcomes, Oxford, UK*

OBJECTIVES: The aims of this study were to (1) Estimate the relative strength of preferences for different attributes of Anti Retroviral Therapy (ART) using a stated preference discrete choice experiment (DCE) and (2) incorporate findings from qualitative research to supplement the data from the DCE. **METHODS:** A European study in France, Italy, Spain, Germany and the UK was undertaken with an estimated1500 PLWH designed to elicit patients' strength of preference for different attributes of ARTs. This work presents the results from the UK and Germany. Participants were given a series of choice-style questions which presented hypothetical ARTs. Qualitative data were collected separately through individual interviews (n=48) with PLWH recruited from HIV clinics in the UK and Germany. **RESULTS:** In total, 549 patients participated in the DCE (249 in UK) and (300 in Germany). The results showed that a rapid improvement in CD4 count and viral load were treatment attributes valued most highly by patients (UK: OR= 0.79; CI= 0.69-0.90; P<0.001. Germany: OR=0.79; CI=0.71-0.87; P<0.001). In addition, the absence of side effects such as diarrhoea was also valued highly (UK:OR=0.57 CI= 0.51-0.65, p<0.001. Germany: OR=0.79, CI=0.72-0.86; P<0.001), as well as lower risk of long- term toxicities such as decline in renal function and an increase of cardiovascular risk (UK: OR= 0.30 CI= 0.25-0.35, p<0.001. Germany: OR=0.55, CI=0.48-0.63, p<0.001). Other treatment attributes driving patient preference included reduction in treatment failure, absence of food restrictions with ART, and fewer drug-drug interactions (DDIs). The main difference between the German and UK results is that German patients did not value the absence of DDIs, the qualitative data suggests that they felt that these issues are being managed by their clinician. **CONCLUSIONS:** The DCE demonstrated that patients placed a great deal of importance on treatment efficacy as evidenced by the importance placed on these attributes.

PIN81

HEALTH STATE UTILITY VALUES OF HIV INFECTED PATIENTS IN KENYA

Patel A[1], van der Kop M[2], Lester R[1], Ojakaa D[3], Igunza P[3], Gichuki R[3], Mahal D[1], Marra C[1]
[1]*University of British Columbia, Vancouver, BC, Canada,* [2]*Karolinska Institutet, Solna, Sweden,* [3]*African Medical and Research Foundation, Nairobi, Kenya*

OBJECTIVES: Health state utility values (HSUVs) in HIV are a key component of economic models that include Quality Adjusted Life years (QALY). There are limited HSUVs previously reported in HIV patients from Kenya. The objective of this study was to examine the HSUVs by severity of symptoms in an HIV infected population. **METHODS:** A Kiswahili translated SF-12 survey was administered to newly diagnosed HIV infected patients participating in a randomized, controlled trial in Nairobi, Kenya between April and October 2013. Patients were also asked if they were experiencing common symptoms of HIV (ie. fatigue, loss of appetite, depression or diarrhea) on a scale including no symptoms, mild, moderate or severe symptoms. SF-12 results were scored using Brazier's SF6D utility algorithm. Mean HSUVs among patients reporting severe symptoms, mild/moderate symptoms or no symptoms were compared using ANOVA. **RESULTS:** 135 respondents were included in the analysis with 7 observations removed due to missing data. HSUVs among asymptomatic HIV patients was 0.98 (SD=0.04), among patients experiencing mild/moderate symptoms was 0.89 (SD=0.12) and among patients experiencing severe symptoms was 0.73 (SD=0.16). ANOVA showed significant differences (p<0.01) between group and a post-hoc Tukey test confirmed mean HSUVs were significantly different between those reporting severe symptoms and the other categories. **CONCLUSIONS:** This study measures HSUVs in a Kenyan cohort of HIV patients and confirms that significant differences exist in quality of life between subgroups of these HIV infected patients. The utilities are inline with values measured in studies from other settings. These HSUVs may be used to determine QALYs for use in health economic HIV research in Kenya.

PIN82

UTILITY VALUES OF HEPATITIS C PATIENTS IN FRANCE: RESULTS BY LIVER DISEASE STAGE AND TREATMENT OUTCOME

Samp JC[1], Perry R[2], Piercy J[2], Baran RW[1]
[1]*AbbVie, North Chicago, IL, USA,* [2]*Adelphi, Macclesfield, UK*

OBJECTIVES: France has a high prevalence of chronic hepatitis C (HCV) and clinical impacts of the disease are well recognized. Despite this, information on utility and health-related quality of life (HRQoL) is limited. While it is generally accepted that HCV patients have reduced HRQoL, delineation of these values by disease stage and treatment outcome is not clear. These differences are important for determining the benefits of treating patients and preventing disease progression. This study assessed utility values of HCV patients in France by disease stage and treatment outcome. **METHODS:** Physicians treating HCV patients in France were recruited to participate in the Hepatitis C Disease Specific Programme®. From October 2012 thru January 2013, physicians completed Patient Record Forms for 10 consecutive patients presenting to their clinic. Information included patient demographics, disease stage, and treatment outcome. Patients completed the EQ-5D Index and EQ-VAS; these are standardized, preference-based measures of health. Results were reported in descriptive and stratified analyses. Linear regression analyses were performed to determine the independent associations with the EQ-5D. **RESULTS:** There were 297 matched physician and patient response forms. Mean patient age was 50 years and 64% were male. Mean EQ-5D Index was 0.764 (SD=0.283; range=-0.199-1.000). Mean EQ-VAS was 65.85 (SD=21.00; range=5-100). EQ-5D Index and EQ-VAS scores were significantly lower with worsening disease severity. Among patients who had completed treatment, EQ-5D scores were higher for patients who achieved sustained virologic response (SVR) compared to those who did not (EQ-5D Index=0.873 vs. 0.660, p-value=0.0035). Regression models showed higher age and worsening disease severity were significantly associated with lower EQ-5D Index and EQ-VAS scores. **CONCLUSIONS:** In a cross-sectional sample of HCV patients in France, utilities are linearly and significantly associated with disease progression, SVR, and age. This information will be used to understand the benefits of treating patients and preventing disease progression.

PIN83

CHARACTERISTICS, TREATMENT RATES, QUALITY OF LIFE (QOL), AND ACTIVITY IMPAIRMENT AMONG UNITED STATES ADULTS WITH HEPATITIS C—AN ANALYSIS BY BIRTH COHORT

Forlenza JB[1], Lopatto J[1], Annunziata K[2], Sternbach N[3], Tandon N[1]
[1]*Janssen Scientific Affairs, LLC, Titusville, NJ, USA,* [2]*Kantar Health, Princeton, NJ, USA,* [3]*Kantar Health, New York, NY, USA*

OBJECTIVES: In 2012, the US Centers for Disease Control and Prevention published recommendations of one-time Hepatitis C virus (HCV) screening for adults born during 1945 through 1965. Evaluating U.S. HCV populations by birth segment may provide insights that could be increasingly relevant to payers and health care providers. **METHODS:** Unique respondent data from the U.S. National Health and Wellness Survey from 2009-2012 were analyzed. Individuals aged ≥18 years who self-reported a Hepatitis C diagnosis were stratified into 3 cohorts based on birth year: pre-1946, 1946-1964, and post-1964. Characteristics, treatment rates, QOL (SF-12/36), and activity impairment (WPAI) were described. **RESULTS:** Individuals born between 1946-1964 represented 64.6% of respondents with Hepatitis C (13.0% were older; 22.3% younger). The 1946-1964 cohort had a higher proportion of males than the younger population (65.3% vs. 59.3%, respectively; p<0.05); 64.2% pre-1946 were male. Insured status was higher (p<0.05) in the older cohort (96.5%) versus the 1946-1964 (75.5%) or younger (70.2%) cohort. Reported current HCV treatment use was lower (p<0.05) in the older cohort (3.2%) versus 1946-1964 (10.7%) or post-1964 (21.4%). More than half in each cohort were treatment naïve (64.2% pre-1946; 53.5% 1946-1964; 53.4% post-1964). A lower (p<0.05) proportion (10.3%) of treatment naïve respondents born pre-1946 had a prior doctor recommendation for HCV therapy (versus 21.0% 1946-1964 or 21.1% post-1964). Mean percentage activity impairment was lower (p<0.05) among pre-1946 cohort (34.4%) versus 1946-1964 (45.3%) or post-1964 (45.1%). Mean Mental Summary Scores worsened from oldest to youngest cohorts (pre-1946=50.6; 1946-1964=43.8; post-1964=39.5). Mean Physical Summary Scores were higher for the younger cohort (43.6) versus 1946-1964 (40.2) or pre-1946 (41.2). **CONCLUSIONS:** In this Hepatitis C population analyzed by birth segment, individuals born 1946-1964 represented the largest segment of the population. Results suggest that differences by birth cohort may exist within this population regarding their characteristics, treatment rates, and patient-reported outcomes.

PIN84

SIGNS, SYMPTOMS, AND EXISTING PATIENT REPORTED OUTCOME (PRO) MEASURES IN COMMUNITY-ACQUIRED BACTERIAL PNEUMONIA (CABP): A COMPREHENSIVE LITERATURE REVIEW

Cimms TA[1], Howard K[2], Portalupi S[2], Saretsky TL[2], Hoffmann S[3], Crawley JA[1], Lorens L[4], Powers JH[5], FNIH Biomarkers Consortium CABP ABSSSI Project Team T[6]
[1]*AstraZeneca, Gaithersburg, MD, USA,* [2]*Oxford Outcomes, an ICON plc company, San Francisco, CA, USA,* [3]*Foundation for the National Institutes of Health, Bethesda, MD, USA,* [4]*Cerexa, Inc, Oakland, CA,* [5]*National Institute of Allergy and Infectious Diseases (NIAID) National Institutes of Health (NIH), Bethesda, MD, USA,* [6]*Bethesda, MD, USA*

OBJECTIVES: No standardized methods to measure outcomes related to community-acquired bacterial pneumonia (CABP) have been developed since release of the FDA Patient Reported Outcome (PRO) Guidance. The purpose of this literature review was to identify signs, symptoms, and measurement tools associated with patient experience of CABP. The results will be used to inform the development of a standardized measurement tool for CABP that is consistent with the FDA PRO Guidance. **METHODS:** A search was conducted using OVID. MEDLINE (1946-present) and EMBASE (1988-2012) were searched using terms related to signs and symptoms of CABP and existing measurement and diagnostic tools. **RESULTS:** The search identified 2158 abstracts. 940 were excluded based on pre-specified criteria. The remaining 1218 articles were scrutinized for eligibility resulting in 39 meeting the inclusion criteria. Thirty-four articles focusing on CABP signs and symptoms were identified in the literature. The most commonly reported symptoms were cough, chest pain, dyspnea, sputum production, and fatigue. The literature revealed that generic PRO instruments and an interviewer-administered measure including 10 CABP symptoms have been used in CABP studies. Four CABP-specific instruments that assess patient-reported symptoms revealed notable methodological limitations and these were developed prior to the FDA PRO Guidance. **CONCLUSIONS:** There is a paucity of evidence on the most well-defined, reliable, reproducible, and feasible method for measuring efficacy outcomes in CABP trials. Establishing an appropriate PRO endpoint for CABP is essential. Existing CABP-specific instruments were identified, however, they have methodological limitations, and were all developed prior to the FDA PRO Guidance. There is a need to develop a new PRO instrument in accordance with FDA guidance for PRO measures. The instrument should address limitations of current tools and accurately capture data on concepts and outcomes most important to patients.